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**PATENT - POWER OF ATTORNEY
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Patent Number	10/595,041
Issue Date	01/11/06
First Named Inventor	MARTIN JOHN LENZINI
Title	VACUUM - HOLD-DOWN
Attorney Docket Number	TOP TO 10 PURSA

I hereby revoke all previous powers of attorney given in the above-identified patent.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

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OR

<input checked="" type="checkbox"/> Individual Name	MARTIN JOHN LENZINI		
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I am the:

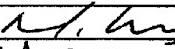
Inventor, having ownership of the patent.

OR

Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Inventor or Patent Owner

Signature		Date	5 - SEPT 09
Name	MARTIN JOHN LENZINI	Telephone	01359 221 525
Title and Company			

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

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